

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35212

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8459			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				e. STREET ADDRESS 2708 1/2 Missouri Ave					
3. NAME OF DECEASED (Type or Print)		a. (First) Louis,		b. (Middle)		c. (Last) Perkins			
4. DATE OF DEATH		Month Oct.		Day 8,		Year 1950			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8-18-1883			
9. AGE (In years last birthday) 67		10. MONTHS 1		11. DAYS 18		12. IF UNDER 18, YEARS None			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Geo. Perkins		13b. MOTHER'S MAIDEN NAME Mary Perkins		14. NAME OF HUSBAND OR WIFE Mary Perkins		15. ADDRESS 2708 1/2 Mo. Ave			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary Perkins		18. ADDRESS 2708 1/2 Mo. Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X					
22. I hereby certify that I attended the deceased from 9/29 7:30 A to 10/6 1:06 P, 19 50 that I last saw the deceased alive on 10/6 19 50, and that death occurred at 7:30 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James A. Hutchinson, M.D.				23b. ADDRESS 1515 Lafayette Av.,		23c. DATE SIGNED 10/6/50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-9-50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
DATE REC'D BY LOCAL REG. OCT 7 1950		REGISTRAR'S SIGNATURE J. B. Sabata		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME, INC.		ADDRESS 2301 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed_____

Signed.....
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.